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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

CONF. NO. 6350

TOTAL AMOUNT OF PAYMENT (\$ 1110)

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other	<input type="checkbox"/> None						
<input checked="" type="checkbox"/> Deposit Account:										
Deposit Account Number	20-1430									
Deposit Account Name	Townsend and Townsend and Crew LLP									
The Commissioner is authorized to: (check all that apply)										
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments									
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application										
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.										
FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity	Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid				
1001	750	2001	375	Utility filing fee						
1002	330	2002	165	Design filing fee						
1003	520	2003	260	Plant filing fee						
1004	750	2004	375	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)					(\$)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
Total Claims	22	-**	=	Extra Claims	Fees from below	=	Fee Paid			
Independent Claims	1	-**	=			=				
Multiple Dependent		X	=			=				
Large Entity	Small Entity									
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description		Fee Paid				
1202	18	2202	9	Claims in excess of 20						
1201	84	2201	42	Independent claims in excess of 3						
1203	280	2203	140	Multiple dependent claim, if not paid						
1204	84	2204	42	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)					(\$)					
** or number previously paid, if greater; For Reissues, see above										
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3)					
					(\$)1110					

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\$ 165.

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/915,489
		Filing Date	July 26, 2001
		First Named Inventor	Cunanan, Crystal M.
		Art Unit	6350
		Examiner Name	Lankford, Jr., Leon B.
Total Number of Pages in This Submission		Attorney Docket Number	TECH CENTER 1600/2900 20553C-002600US

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JUN 20 2003

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request (See Remarks)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	PTO/SB/8A form - 7 references	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. CONF. NO. 6350		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Applicants petition to extend the period for filing a response in the above-identified U.S. patent application for three months, from March 18, 2003 to June 18, 2003. A Fee Transmittal authorizing the Commissioner to charge the petition fee to our deposit account is attached.		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Kenneth E. Jenkins, Ph.D.	Reg. No. 51,846
Signature		
Date	June 18, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kathryn A. Deglantoni		
Signature		Date	June 18, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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